



"People  
helping people"

Michael R. Pence, Governor  
State of Indiana  
**Division of Mental Health and Addiction**  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
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## Fair Hearing and Appeal Rights

If you have questions or disagree with a DMHA eligibility or service authorization determination, you should discuss this matter with your Selected Provider.

### Your Right to Appeal and Have a Fair Hearing:

The Notice of Action provided with all DMHA determinations is an explanation of the decision made on your application for services or changes in your services. If you disagree with the decision, you have the right to appeal by submitting a request for a Fair Hearing. Your Home and Community-Based Services will continue if your appeal is received within the required time frame described below under "How to Request an Appeal".

### How to Request an Appeal:

- 1) If you wish to appeal a decision, the appeal request must be received by close of business not later than:
  - a) 33 calendar days following the effective date of the action being appealed; or
  - b) 33 calendar days from the date of the notice of agency action, whichever is later.
- 2) To file an appeal, please sign, date and return the appeal form that is enclosed with the Notice of Action form:

*Mail to:* Indiana Family and Social Services Administration  
Office of Hearings and Appeals, MS 04  
402 W Washington St, Room W392  
Indianapolis, IN 46204

*Fax:* 317/232-4412 (Attn: Office of Hearings and Appeals)

- 3) If you send a letter rather than the Notice of Action Appeal form, be sure that the letter contains your full name, address and telephone number where you can be reached. Please attach a copy of the Notice of Action decision you are appealing to the letter and state the name of the action you are appealing. If you are unable to sign, date, and return the form to the above mentioned address, you may have someone assist you in requesting the appeal. A telephone request for an appeal cannot be accepted.
- 4) You will be notified in writing by the Indiana Family and Social Services Administration, Hearing and Appeals office of the date, time and location for the hearing. Prior to, or at the hearing, you have the right to examine the entire contents of your case record maintained by the Selected Provider.
- 5) You may represent yourself at the hearing or you may authorize a person to represent you, such as an attorney, relative, or other spokesperson. At the hearing you will have full opportunity to:
  - a) Bring witnesses;
  - b) Establish all pertinent facts and circumstances;
  - c) Advance any arguments without interference and question; or
  - d) Refute any testimony or evidence presented.